SUBMI©: <u>COMPLETED</u> APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

inversion

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONS

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ENTERED | Hermit #:

成#/293

-Bayfield Co. Zoning Dopt APPLICANT. SEP 062016

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Refund:	184	Amount Paid:	Date:	Hermit #:
-	1757-6-16	125.	10-18-16	16-6375

Section 33 , Township 49 N, Range 5 W	1/4,1/4 Gov't Lot Lot(s) CSM	PROJECT LOCATION Legal Description: (Use Tax Statement) 04- 3/	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:		, marke-	Erica Rosesteld 2772	TYPE OF PERMIT REQUESTED—	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Chayfield Chocks are made payable to: Bayfield County Zoning Department. Chayfield Chocks are made payable to: Applicant.
inashbum		168	Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber:	City/State/Zip: Washburn, Wi 54891	Mailing Address: City/State/Zip: City/State/Zip: City/State/Zip:	☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE	Bayfield Co. Zoning Dept.
Lot size	ion:	Recorded Document: (i.e. Property Ownership) Volume // 30 Page(s) 746	State/Zip): Written Authorization Attached Yes No	Plumber Phone:	209-5190		□ B.O.A	

					1/2	esegges registra a Colo			(60.50m)
	·		35.000 T		material	Value at Time of Completion * include donated time &	Won-Shoreland	☐ Shoreland,—▶	
Property	Run a Business on	☐ Relocate (existing bldg)	P Conversion	☐ Addition/Alteration	☐ New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶
☐ Foundation	□ No Basement	☐ Basement	2-Story	1-Story + Loft	☐ 1-Story	# of Stories and/or basement		1000 feet of Lake, Pond	1300 feet of River, Strea
		Transfer of the second		Year Round	□ Seasonal	Úse		Pond or Flowage	
	□ None		□ 3	2	7	# of bedrooms	-	Distance Struc	Distance Struc
Compost Toilet	☐ Portable (w/service co	Privy (Pit) or Va	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Ty Sewer/Sanita Is on the pi		Distance Structure is from Shoreline : feet	Distance Structure is from Shoreline : feet
	contract)	Vaulted (min 200 gallon)	cify Type:	ify Type:		Type of itary System property?		□ Yes	ls Property in Floodplain Zone?
			7/2	Well	□ City	Water		LWO Yes	Are Wetlands Present?

	111111111111111111111111111111111111111		c		SHIUCHOH	Proposed Con
Height	Width:		Length:		Proprieta.	
Height	Width: 16	\	Length: みの	r is relevant to it)	Evicting Structure: (if permit being applied for is relevant to it)	Evicting Struct
		,				
	None			1000 P		
	Compost loilet			☐ Foundation	Property	
ontract)	☐ Portable (w/service co	None		□ No Basement	☐ Run a Business on	
						_

C		□ None			
Existing Structure: (if per	mit beli	Existing Structure: (if permit being applied for is relevant to it) Length: 30 Width: 16		Height:	36'
Proposed Construction:		Length: Width:		nergen.	
Proposed Use	۲	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	_	×	
	7	Residence (i.e. cabin, hunting shack, etc.)	1)	6 × 30)	320
		with Loft	<u> </u>	16 × 10)	160
Residential Use		with a Porch		×	
		with (2 nd) Porch		: ×	
		with a Deck	+	×	
		with (2 nd) Deck		×	
Commercial Use		with Attached Garage	-	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		×	
		Mobile Home (manufactured date)	-	× >	
l		Addition/Alteration (specify)		* >	
☐ Municipal Use		Accessory Building (specify)	-	× ×	
-		Accessory Building Addition/Alteration (specify)	_	×	
			-	«	
		Special Use: (explain)		× >	
	□	Conditional Use: (explain)	-	× >	
		Other: (explain)	-	^	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described providity at any reparable and becomes of inspection. 9/6/16

Authorized Agent:

Owner(s): 🔇

(If there are Multiple Owners

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

NOBS TOA 9-20-16

Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Signature of Inspector: Only For TRA: Unit For TR	We cersary use permit shall be of tained.	Affidavit Required Affidavit Attached Case #: wner Yes Everyed Zoning District Lakes Classification Date of Re-Inspect	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. The Information (County Use Only) Sanitary Number: 15-0194 # of bedrooms: Sanitary Date: Privy (P), and the Date of Issuance if Construction or Use has not begun. The Information Code Two Family Dwelling: All Municipalities are Required To Enforce The Uniform Dwelling Code. The Information (County Use Only) Sanitary Number: 15-0194 # of bedrooms: Sanitary Date: Privy (P), and Privy (P),	Setbacks: (measured to the closest point) Description D	(1) Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Wetlands; or (*) Stream/Creek; or (*) Pond (10) Show any (*): (11) Show Location of: (12) All Carlot (N) on Plot Plan (13) Show Indicate: (14) North (N) on Plot Plan (15) Frontage Road (Name Frontage Road)
g - Parignal;		lequired Yes No	wy (P), and <u>well (</u> w). Ig Code. Date: 6-18-15	measu previo	v y (P)

ow Draw or Sketch your Property (regardless of what you are applying for)

Description	Meası	arement .		Description	Measu	rement
			188			Secretarion (Secre
Setback from the Centerline of Platted Road		Feet	100	Setback from the Lake (ordinary high-water mark)	·	Fee
Setback from the Established Right-of-Way	123	Feet		Setback from the River, Stream, Creek		Fee
	_	MAP. LP	286	Setback from the Bank or Bluff		Fee
Setback from the North Lot Line	223	Feet				ree
Setback from the South Lot Line		feet		Setback from Wetland	 	-
Setback from the West Lot Line	83	Feet	:113.00	20% Slope Area on property	——,	Fee
Setback from the East Lot Line		Feet	9000 9000 9000	Elevation of Floodplain	Yes	☐ No Fee
Setback to Septic Tank or Holding Tank	-	Feet	- CO	Setback to Well		
Setback to Drain Field		Feet	100	OCTOGOR TO TACK		Feet
Setback to Privy (Portable, Composting)	65		1200			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code,
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:	スルーグビンジを選択
Permit Denied (Date):	Reason for Denial:	composti	a toll	<u>0.4 /000000000000000</u> 	
Permit #: 15-0194	Permit Date: 6	18-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming U Yes Is Structure Non-Conforming U Yes) No Dus Lot(s)) & No	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached	□ Yes No
Granted by Variance (B.O.A.) Tyes No Case #:		Previously Granted by		se #:	
Was Parcel Legally Created Yes In Ap Was Proposed Building Site Delineated Oves	_691_	Were Property Line	s Represented by Owne Was Property Surveyed		 > r 48i6□ no
spection Record: Owner on ste Side the winking + repre- pate of Inspection: 6-15-15	sented b	yourn -	t west	Zoning District	Fil.
ondition(s):Town, Committee or Board Conditions Attack Bulloita SHALL not BE	Hed? Yes No-(IF	200 APAL - Y No they need to be attac SUEE OINE	nurphy Purpose	Date of Re-Inspec	
MUNICIPAL PENTIL	n HABITA ity WU	HON OCCU BE IMPOS	els win	DU CITK	+/200
ignature of inspector;				Date of Appro	0-16-15
BULLDIE SHALL NOT	PE USEY		old for Fees: 🛚	<u> </u>	14) CT:
6 October 2013	PERMI		mmERCI	ME PURCH	(SC)